MAXIMUS Federal Services

Case Number:	CM13-0056974		
Date Assigned:	12/30/2013	Date of Injury:	11/07/1998
Decision Date:	06/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records reflect that the injured employee underwent three separate right knee surgical procedures and five separate left knee procedures. Also noted is a complaint of persistent low back pain. Care had been given in transition to a pain management practice and the use of medications and the claimant was referred back to the primary treating provider. The most recent physical examination presented for review indicated ongoing findings of muscle spasm, tenderness to palpation and pain levels which remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 325 Mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: After reviewing the progress notes presented, there is no noted efficacy or utility relative to the use of this medication. There are ongoing complaints of pain, the pain levels have been unchanged, and as such there is no indication of any increased functionality, ability to return to work or that there is any positive response to the employment of this preparation.

Therefore, based on the limited clinical information presented for review, this request is not indicated.

SOMA 350 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This medication is noted to be a highly addictive substance with a number of side effects. Furthermore, the clinical indication is for short-term use and not indefinite application. The records reflect other muscle relaxant type medications (tizanidine) are being used. Lastly, the physical examination notes no improvement in the overall clinical situation relative to lumbar muscle spasm. Therefore, there is insufficient clinical data presented to support this request. This medication is not indicated.